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PTO/SB/30 (5/2000)

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REQUEST FOR CONTINUED**EXAMINATION (RCE) TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Express Mail No	EV 913 329 259 US
Application Number	09/724,427
Filing Date	November 28, 2000
First Named Inventor	Palese et al.
Group Art Unit	1636
Examiner Name	Garvey, Tara L.
Attorney Docket No.	7682-053

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

NOTE: 37 C.F.R. § 1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. § 1.53 (d) (PTO/SB/29) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA. See Changes to Application Examination and Provisional Application Practice, Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office 47 (Apr. 11, 2000), which established RCE practice.

1. Submission required under 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on ____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed ____
- iii. ☐ Other ____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☒ Other Petition For Extension Of Time Under 37 Cfr § 1.136(A)

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months.
(Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☐ Other ____

3. Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Jones Day Deposit Account No. 50-3013:
- i. ☒ RCE fee required under 37 C.F.R. § 1.17(e), estimated to be \$ 790.00
- ii. ☐ Extension of time fee required under 37 C.F.R. §§ 1.136 and 1.17, estimated to be \$ ____ for a ____ month extension, the request for which is being made herewith
- iii. ☐ Other
- b. ☐ Check in the amount of \$ ____ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Laura A. Coruzzi by Jacqueline Benn	Registration No. (Attorney/Agent)	30,742
Signature	Laura A. Coruzzi Reg No. 43,490	Date	October 30, 2006

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or by facsimile transmitted to fax no. 1-703-____ to the U.S. Patent and Trademark Office on the date indicated below.

Name (Print/Type)	Registration No. (Attorney/Agent)
Signature	Date

+ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450.

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01 FC:1202

150.00 DA



Express Mail No. EV 913 329 259 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: *Palese et al.*

Serial No.: 09/724,427

Filed: November 28, 2000

For: Recombinant Negative Strand RNA
Virus Expression Systems and
Vaccines

Confirmation No.: 7446

Art Unit: 1636

Examiner: Garvey, Tara L.

Attorney Docket No: 7682-053

FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$ 150.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		<input type="checkbox"/> SMALL ENTITY	<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	40	MINUS	37	3	x 25	\$		x 50	\$ 150.00
INDEP.	9	MINUS	10	0	x 100	\$		x 200	\$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						\$		\$	
TOTAL						\$	OR	TOTAL	\$ 150.00

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed for accounting purposes.

Date: October 30, 2006

Respectfully submitted,

by: *Jacqueline Benn*
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Enclosure